

Please type a plus sign (+) inside this box → ☐

COPY OF PAPERS  
ORIGINALLY FILED

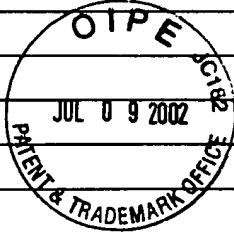
PTO/SB/21 (6/98)

Approved for use through 9/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.


<b>TRANSMITTAL FORM</b>  (To be used for all correspondence after initial filing)	Application No.	10/092,289
	Filing Date	March 5, 2002
	First Named Inventor	James A. Mott
	Group Art Unit	2661
	Examiner Name	Unknown
Total Number of Pages in this Submission: 3	Attorney Docket No.	SUN-P5524



**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached	<input type="checkbox"/> Assignment Papers for an application	<input type="checkbox"/> After-Allowance Communication to Group
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Affidavit/Declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Power of Attorney by Assignee, with Revocation of Former Powers	<input checked="" type="checkbox"/> Additional Enclosure(s):
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Response to Missing Parts Notice/Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Check for \$ _____
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> _____
	<input type="checkbox"/> Request for Refund	

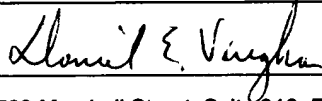
Remarks:



22200  
PATENT TRADEMARK OFFICE

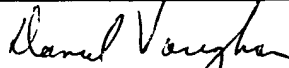
**RECEIVED**  
JUL 17 2002  
Technology Center 2600

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Name	Daniel E. Vaughan (Registration No. 42,199)	Date	June 21, 2002
Signature		Telephone	650/474-1973
Address	702 Marshall Street, Suite 310, Redwood City, CA 94063	Facsimile	650/474-1976

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the U. S. Postal Service as ☐ Express Mail (No. EL xxx yyy zzz US) or ☒ First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on: June 21, 2002

Type or Printed Name	Daniel E. Vaughan	Signature	
----------------------	-------------------	-----------	--------------------------------------------------------------------------------------

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

EA